

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 1099173
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 401
MONITORING PERIOD : 2021-10-01 To: 2021-10-31
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

| PARAMETER | pH | Nitrogen, Ammonia (NH3) | Nitrite Plus Nitrate, Total | Nitrogen, Inorganic, Total | Phosphorus, Total (P) | E. coli | Application Rate- Wastewater, Spray |
|--|--|-------------------------|-----------------------------|---|-----------------------|---|-------------------------------------|
| PARAMETER CODE | 00400 | 00610 | 00630 | 00640 | 00665 | 31648 | 50045 |
| UNITS | S.U. | mg/l | mg/l | mg/l | mg/l | #/100 ml | inches/day |
| FREQUENCY | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. |
| SAMPLING TYPE | Grab | Grab | Grab | Grab | Grab | Grab | Total |
| 2021-10-01 | | | | | | | |
| 2021-10-02 | | | | | | | |
| 2021-10-03 | | | | | | | |
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| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
| Jeffrey Williamson | | | | | | Certification Version Date 2021-11-18 12:11 | |

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

| | | | |
|---|--|---|---|
| SUBMISSION ID: FACILITY: LOCATION: | 1099173 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 | STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : | Original 4MP00028*AM 401 2021-10-01 To: 2021-10-31 |
| COUNTY: DISTRICT: | Morrow CDO | REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Flow Rate | | | | | |
|----------------|---------------------|--|--|--|--|--|
| PARAMETER CODE | 50050 | | | | | |
| UNITS | MGD | | | | | |
| FREQUENCY | When Disch. | | | | | |
| SAMPLING TYPE | 24hr Total Estimate | | | | | |
| 2021-10-01 | | | | | | |
| 2021-10-02 | | | | | | |
| 2021-10-03 | | | | | | |
| 2021-10-04 | | | | | | |
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| 2021-10-30 | | | | | | |
| 2021-10-31 | | | | | | |
| Minimum | | | | | | |
| Maximum | | | | | | |
| Average | | | | | | |
| Count | | | | | | |

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|--|--|---|---|
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | Signature of Responsible Official or Authorized Representative | Submission Date/Time |
| Jeffrey Williamson | | | Certification Version Date 2021-11-18 12:11 |

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

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|---|---|---|--|
| SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT: | 1099173 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO | STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR: | Original 4MP00028*AM 402 2021-10-01 To: 2021-10-31 AL |
|---|---|---|--|

| PARAMETER | pH | Nitrogen, Ammonia (NH3) | Nitrite Plus Nitrate, Total | Nitrogen, Inorganic, Total | Phosphorus, Total (P) | E. coli | Application Rate- Wastewater, Spray |
|---|--|-------------------------|-----------------------------|--|-----------------------|--|-------------------------------------|
| PARAMETER CODE | 00400 | 00610 | 00630 | 00640 | 00665 | 31648 | 50045 |
| UNITS | S.U. | mg/l | mg/l | mg/l | mg/l | #/100 ml | inches/day |
| FREQUENCY | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. |
| SAMPLING TYPE | Grab | Grab | Grab | Grab | Grab | Grab | Grab |
| 2021-10-01 | | | | | | | |
| 2021-10-02 | | | | | | | |
| 2021-10-03 | | | | | | | |
| 2021-10-04 | | | | | | | |
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| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
| Jeffrey Williamson | | | | | | Certification Version Date 2021-11-18 12:11 | |

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SUBMISSION ID:
FACILITY:
LOCATION:

1099173
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
402
2021-10-01 To: 2021-10-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

| PARAMETER | Flow Rate | | | | | |
|----------------|---------------------|--|--|--|--|--|
| PARAMETER CODE | 50050 | | | | | |
| UNITS | MGD | | | | | |
| FREQUENCY | When Disch. | | | | | |
| SAMPLING TYPE | 24hr Total Estimate | | | | | |
| 2021-10-01 | | | | | | |
| 2021-10-02 | | | | | | |
| 2021-10-03 | | | | | | |
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| 2021-10-31 | | | | | | |
| Minimum | | | | | | |
| Maximum | | | | | | |
| Average | | | | | | |
| Count | | | | | | |

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|---|--|--|---|
| Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div> | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | Signature of Responsible Official or Authorized Representative <div style="height: 40px;"></div> | Submission Date/Time <div style="text-align: center;"> Certification Version Date 2021-11-18 12:11 </div> |
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| SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT: | 1099173 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO | STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR: | Original 4MP00028*AM 403 2021-10-01 To: 2021-10-31 AL |
|---|---|---|--|

| PARAMETER | pH | Nitrogen, Ammonia (NH3) | Nitrite Plus Nitrate, Total | Nitrogen, Inorganic, Total | Phosphorus, Total (P) | E. coli | Application Rate- Wastewater, Spray |
|---|--|-------------------------|-----------------------------|--|-----------------------|--|-------------------------------------|
| PARAMETER CODE | 00400 | 00610 | 00630 | 00640 | 00665 | 31648 | 50045 |
| UNITS | S.U. | mg/l | mg/l | mg/l | mg/l | #/100 ml | inches/day |
| FREQUENCY | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. | When Disch. |
| SAMPLING TYPE | Grab | Grab | Grab | Grab | Grab | Grab | Grab |
| 2021-10-01 | | | | | | | |
| 2021-10-02 | | | | | | | |
| 2021-10-03 | | | | | | | |
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| 2021-10-31 | | | | | | | |
| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
| Jeffrey Williamson | | | | | | Certification Version Date 2021-11-18 12:11 | |

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|---|---|---|---|
| SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT: | 1099173 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO | STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR: | Original 4MP00028*AM 403 2021-10-01 To: 2021-10-31 AL |
|---|---|---|---|

| PARAMETER | Flow Rate | | | | | |
|---|--|--|--|--|--|--|
| PARAMETER CODE | 50050 | | | | | |
| UNITS | MGD | | | | | |
| FREQUENCY | When Disch. | | | | | |
| SAMPLING TYPE | 24hr Total Estimate | | | | | |
| 2021-10-01 | | | | | | |
| 2021-10-02 | | | | | | |
| 2021-10-03 | | | | | | |
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| 2021-10-30 | | | | | | |
| 2021-10-31 | | | | | | |
| Minimum | | | | | | |
| Maximum | | | | | | |
| Average | | | | | | |
| Count | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time |
| Jeffrey Williamson | | | | | | Certification Version Date 2021-11-18 12:11 |

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|---|---|---|--|
| SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT: | 1099173 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO | STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR: | Original 4MP00028*AM 602 2021-10-01 To: 2021-10-31 Brookside Charel Rex |
|---|---|---|--|

| PARAMETER | Biochemical Oxygen Demand, 5 Day | Total Suspended Solids | Nitrogen, Ammonia (NH3) | Phosphorus, Total (P) | E. coli | Flow Rate | Sludge Solids, Percent Total |
|---|----------------------------------|--|-------------------------|-----------------------|--|---------------------|---|
| PARAMETER CODE | 00310 | 00530 | 00610 | 00665 | 31648 | 50050 | 70318 |
| UNITS | mg/l | mg/l | mg/l | mg/l | #/100 ml | MGD | % |
| FREQUENCY | 1/Week | 1/Week | 1 / 2 Weeks | 1 / 2 Weeks | 1 / 2 Weeks | 1 / 2 Weeks | 1 / 2 Weeks |
| SAMPLING TYPE | Grab | Grab | Grab | Grab | Grab | 24hr Total Estimate | Grab |
| 2021-10-01 | | | | | | | |
| 2021-10-02 | | | | | | | |
| 2021-10-03 | | | | | | | |
| 2021-10-04 | .0321 | .0150 | .0000 | .1835 | 1.5176 | .0000 | .7860 |
| 2021-10-05 | | | | | | | |
| 2021-10-06 | | | | | | | |
| 2021-10-07 | | | | | | | |
| 2021-10-08 | | | | | | | |
| 2021-10-09 | | | | | | | |
| 2021-10-10 | | | | | | | |
| 2021-10-11 | .1077 | .4900 | | | | | |
| 2021-10-12 | | | | | | | |
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| 2021-10-16 | | | | | | | |
| 2021-10-17 | | | | | | | |
| 2021-10-18 | .1059 | .5300 | .0000 | .1792 | .1213 | .0000 | .0160 |
| 2021-10-19 | | | | | | | |
| 2021-10-20 | | | | | | | |
| 2021-10-21 | | | | | | | |
| 2021-10-22 | | | | | | | |
| 2021-10-23 | | | | | | | |
| 2021-10-24 | | | | | | | |
| 2021-10-25 | .1857 | .5200 | | | | | |
| 2021-10-26 | | | | | | | |
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| 2021-10-29 | | | | | | | |
| 2021-10-30 | | | | | | | |
| 2021-10-31 | | | | | | | |
| Minimum | 0.0321 | 0.015 | 0.0 | 0.1792 | 0.1213 | 0.0 | 0.016 |
| Maximum | 0.1857 | 0.53 | 0.0 | 0.1835 | 1.5176 | 0.0 | 0.786 |
| Average | 0.10785 | 0.38875 | 0 | 0.18135 | 0.81945 | 0 | 0.401 |
| Count | 4 | 4 | 2 | 2 | 2 | 2 | 2 |
| Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div> | | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | | Submission Date/Time |
| | | | | | | | Certification Version Date 2021-11-18 12:11 |

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|---|---|---|--|

| PARAMETER | Sludge Solids, Percent Volatile | Freeboard | pH | Oil and Grease, Hexane Extr Method | Nitrogen Kjeldahl, Total | Nitrogen, Inorganic, Total | |
|---|---------------------------------|--|---------|------------------------------------|--|----------------------------|--|
| PARAMETER CODE | 70322 | 82564 | 00400 | 00552 | 00625 | 00640 | |
| UNITS | % | feet | S.U. | mg/l | mg/l | mg/l | |
| FREQUENCY | 1 / 2 Weeks | 1 / 2 Weeks | 1/Month | 1/Month | 1/Month | 1/Month | |
| SAMPLING TYPE | Grab | Total | Grab | Grab | Grab | Grab | |
| 2021-10-01 | | | | | | | |
| 2021-10-02 | | | | | | | |
| 2021-10-03 | | | | | | | |
| 2021-10-04 | AA5.0 | 2 | 8.220 | .0089 | .0000 | .0000 | |
| 2021-10-05 | | | | | | | |
| 2021-10-06 | | | | | | | |
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| 2021-10-16 | | | | | | | |
| 2021-10-17 | | | | | | | |
| 2021-10-18 | 21.5560 | 2 | 8.060 | | | | |
| 2021-10-19 | | | | | | | |
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| 2021-10-29 | | | | | | | |
| 2021-10-30 | | | | | | | |
| 2021-10-31 | | | | | | | |
| Minimum | 0.0 | 2.0 | 8.06 | 0.0089 | 0.0 | 0.0 | |
| Maximum | 21.556 | 2.0 | 8.22 | 0.0089 | 0.0 | 0.0 | |
| Average | 10.778 | 2 | | 0.0089 | 0 | 0 | |
| Count | 2 | 2 | 2 | 1 | 1 | 1 | |
| Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div> | | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | | Submission Date/Time <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| | | | | | | | Certification Version Date 2021-11-18 12:11 |

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2021-10-01 To: 2021-10-31

PARAMETER COMMENTS:

| Station Code | Parameter Name | Parameter Code | Date | Unit | Comment |
|--------------|----------------|----------------|------|------|---------|
|--------------|----------------|----------------|------|------|---------|